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FACSIMILE TRANSMITTAL SHEET

TO:	Examiner Jeffrey A. Shapiro	FROM:	Steven N. Terranova
COMPANY:	USPTO - Art Unit 3653	DATE:	11/17/2005
FAX NUMBER:	571-273-8300	TOTAL NO. OF PAGES INCLUDING COVER:	3
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	2400-667
RE:	Request for Oral Hearing	YOUR REFERENCE NUMBER:	09/840,469

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ ORIGINAL TO FOLLOW

NOTES/COMMENTS:

Please find attached the following item(s):

- 1) Request for Oral Hearing (1 page)
- 2) Credit Card Payment Form for \$1,000.00 (1 page)

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PTO/SB/32 (09-04)

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REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) <div style="text-align: right;">2400-867</div>
I hereby certify that this correspondence is being transmitted via facsimile to 571-273-8300 on the date indicated below: Date <u>11/17/05</u> Signature <u>[Signature]</u> Typed or printed name <u>Kelly Farrow</u>		In re Application of Rodger Williams Application Number 09/840,469 Filed 04/23/2001 For MULTIPLE BROWSER INTERFACE Art Unit 3653 Examiner Shapiro, Jeffrey A.
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.		
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3))		\$ 1,000.00
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ _____
<input type="checkbox"/> A check in the amount of the fee is enclosed.		11/18/2005 TL0111 00000034 09840469
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<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>50-1732</u> . I have enclosed a duplicate copy of this sheet.		
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.		
I am the		<u>[Signature]</u> Signature
<input type="checkbox"/> applicant/inventor.		<u>Steven N. Terranova</u> Typed or printed name
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)		<u>November 17, 2005</u> Date
<input checked="" type="checkbox"/> attorney or agent of record. Registration number <u>43,185</u>		<u>919-654-4520</u> Telephone number
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34, _____		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".		
<input type="checkbox"/> *Total of _____ forms are submitted.		

This collection of information is required by 37 CFR 41.20(b)(3). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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